

Kentucky Drug Court Strengthening Families Program Final Report

June 1998 to June 2000



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Prepared by

TK Logan, Rebecca Hughes & Carl Leukefeld

**Center on Drug and Alcohol Research
University of Kentucky
643 Maxwellton Court
Lexington, Kentucky 40506-0350**

859-257-8248

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Executive Summary

Introduction & Background. Drug Courts were implemented in response to the rising incarceration rate of substance abusers. The Drug Court program is an intensive substance abuse treatment program and criminal justice monitoring program. Research and program evaluations indicate that Drug Court clients have children who are at high risk for substance abuse.

The reason children of Drug Court clients are at high risk for substance abuse is primarily due to family factors. Peer and family factors both play a critical role in predicting substance initiation, use, and abuse; however, within the context of family as a risk factor, there are numerous factors related to family functioning that may influence substance use and abuse. In addition, family factors have been shown to influence decisions about peers. Further, risk factors tend to be stable over time, and the more risk factors present, the greater the risk of drug abuse. Thus, those children with unstable family environments, either because of parental substance abuse and/or involvement in the criminal justice system, are at high risk of following the models that have been set by their parents.

The children of Drug Court clients are at increased risk for substance use and abuse because they are at double risk—not only have their parents been substance abusers, they are also involved in the criminal justice system. Each of these risk factors alone has been associated in the empirical literature as a critical risk factor for substance abuse and other problem behaviors. The family consequences of being involved with both risk factors add even more to the number and type of risk factors these children must contend with including: the impact on family composition, family conflict, family communication and discipline patterns, parent/child relations, and family stress.

Purpose of this Report. This report summarizes the results of a program needs assessment, process evaluation, and outcome evaluation of the Kentucky Drug Court Strengthening Families Program for the Fayette and Warren Drug Court programs. The data for this report are for the period from June 1998-July 2000. The process evaluation included interviews with two Drug Court Judges involved in the Strengthening Families Program, three interviews with administrative personnel of the program, and fifteen surveys of randomly selected clients and children of both Fayette and Warren County Drug Court sites.

The outcome evaluation included interviews with a total of 55 parents and children who completed the Strengthening Families Program. There was a 38% drop out rate for children and a 39% drop out rate for parents. Overall, there were 9 children who completed the Fayette Drug Court Strengthening Families Program with both a pretest and posttest interview and 21 children from the Warren Drug Court (n=30 total). Also, there were 7 parents who completed the Strengthening Families Program pretest and posttest interviews at the Fayette County Drug Court site and 12 parents that completed the program at the Warren County Drug Court site (n=19 total).

Program Participants. The average age of the children was 11. The majority of the children were white, and 60% were female. Baseline descriptions of the children were broken into age groups. There were 12 children ranging in age from 7-10 years old, and 75% were female; there were 9 children who were 11-13 years old, and they were 56% female; and there were 9 children 14-16 years old, and they were 44% female.

The average age overall for the parents was 36, 53% were white, and 42% were female. Ten of the parents had one child in the program, 8 parents had two children, and 1 parent had four children who participated in the program.

Overall, there were 14 control children and 8 control parents. There were no significant differences between control and program children on age, race, drug use variables, family variables, depression, peer pressure resistance skills, attitudes toward police, attitudes toward judges, or other problem behavior variables. There were also no significant differences among control and program parents for age, race, gender, family variables, report of child school performance, child problem behaviors at home, child problem behaviors, depression, attitudes toward police, or attitudes toward judges.

Results of the Needs Assessment. Results of the needs assessment indicated that along with the prevalent drug problem, gang related activity is also a growing issue. Both the adult participants in the program and the juveniles stated they believe the Strengthening Families Program would be beneficial. Early family intervention and education is an effective tool in stopping the cycle of addiction and criminal behaviors associated with the lifestyle. The parents in the Drug Court program want to set good examples and to be the best parents they can be. The Strengthening Families Program could be a good foundation to build respect, open lines of communication, promote unity within these families, and prevent substance abuse for their children. Based on the needs assessment, a grant was submitted to the Governor's Youth Substance Abuse Prevention Kentucky Incentive Project (KIP Project) to request funding for the Kentucky Drug Court Strengthening Families Program.

The Strengthening Families Program. The SFP is a scientifically developed prevention intervention program specifically targeted at Drug Court clients and their children ages 8-15. The eight-week program incorporated three separate sessions for youth, parents, and families. Participants learned ways to improve family cohesiveness, communication skills, substance use prevention skills, listening skills, means of discipline, coping skills, and problem solving through activities such as games, projects, role-plays, discussions, writing assignments, demonstrations, practice exercises, and video presentations. The primary goals of the program include: (1) reduce the use of alcohol, tobacco, and other drugs; (2) delay the initial use of these substances; (3) decrease the positive attitudes toward alcohol, tobacco, and other drugs; (4) and lower the significant family risk factors. Evaluation results indicate that this program is effective in impacting family functioning and substance abuse prevention. The adaptations facilitated the program implementation specifically for the Drug Court target population. At the end of the program participants had a graduation ceremony and family celebration.

Results of the Process Evaluation. Results of the process evaluation perceptions indicated that the SFP was effective in the lives of the Drug Court clients and their children who participated and successfully completed the program. Participants expressed satisfaction upon completion of the program. Most participants agreed that some of the highlights of the program included: (1) the family day outing; (2) family projects; and (3) games. These activities provided the families with an opportunity to take time out to actually be a family, spending quality time together. Children also learned preventive measures toward peer pressure and substance use. Although locating and maintaining eligible families in the program was an unexpected complication, those families that did complete the program described it as a bonding experience.

Results of the Baseline Data Collection. Results of the baseline data collection indicated that the children had reasonable contact with both their Drug Court parent and non-Drug Court parent. Most of these children lived with their mothers and their fathers were more often the Drug Court clients. The children showed an increase in problems getting along with their parents as their age progressed with 78% of the oldest age group reporting trouble with their parents some or most of the time. About one in three children reported not talking with anyone when they were upset or angry.

Children reported their friends problem behaviors, including the number of friends who skipped school, destroyed property, smoked cigarettes, used marijuana, took a vehicle without the owner's permission, and hit someone with the intent to hurt that person. The children's own problem behaviors also increased with age with regard to smoking cigarettes, using alcohol, using marijuana, skipping school, hitting someone with the intent to hurt that person, and taking a motor vehicle without the owner's permission. In fact, as suggested by the literature, the children in this program had similar or higher substance use rates than national estimates (Johnston, O'Malley, & Bachman, 1999a; 1999b). The baseline data definitely suggest that the children of Drug Court clients are at risk for both substance use and delinquency, and it is critical to provide these children and families with substance abuse prevention and parenting skills.

Baseline parent interviews also indicated that Drug Court parents were dealing with a number of issues including recovery and their criminal justice/legal problems. The majority of the parents indicated they did not know their child's teacher's name and that their child was having difficulty in school. Parents did indicate they got along well with their children and that their discipline techniques did work for them.

Change Over Time Results. The qualitative results from baseline to follow up were very positive, indicating that both parents and children who completed the program learned communication skills, peer pressure resistance skills, and family relations skills. In addition, the children indicated that learning about substance use was important and helpful to them. Positive views of the program held over time for the families that participated in the 6-month follow up as well.

Results of the data analysis showed some evidence of trends toward improved family functioning, skipping school, and intentions not to drink when the children get older for program children compared to control children. There were similar results for parents who graduated from the program compared to control parents—with evidence toward improved family functioning and interaction and for child alcohol use.

Conclusions. The research literature, the needs assessment, the process evaluation, and the baseline data all indicate that children of Drug Court clients are in need of substance abuse prevention and that Drug Court program families need strong science based programs to help them to provide more stable and effective homes for the children. Further, the qualitative information was positive, and there were some trends toward significance, indicating positive results for the quantitative data.

There were several limitations to this study, including the small number of participants and high rates of attrition in the control and experimental groups, as well as the possible underreporting of problem behaviors on both the part of the parents as well as the children.

Several recommendations were offered including increasing family recruitment efforts, hiring staff that are independent of the Drug Court program, and increasing funding for the evaluation efforts.

In conclusion, the program met a significant need for some of the most high-risk children in the State of Kentucky. The children of Drug Court clients are at double risk—not only have their parents been substance abusers, they are also involved in the criminal justice system. The Kentucky Drug Court Strengthening Families Program provided an opportunity to make a real difference with regard to preventing substance abuse for a substantial number of critically at-risk adolescents and pre-adolescents.

Introduction & Background

Kentucky Drug Court Programs

At the end of 1996, more than 1.7 million adults were incarcerated; this represents a three-fold increase in the number incarcerated from 15 years earlier (CASA, 1998). Much of this growth in the prison and jail population is due to drug law violators (Donziger, 1996). The U.S. Department of Justice Bureau of Justice Statistics indicated that at least 77%-81% of inmates were drug and/or alcohol involved. For example, a recent report indicated that the percentage of inmates incarcerated for violent crimes who were under the influence of alcohol alone was 21% for state prison inmates; 11% for federal prison inmates; and 26% for jail inmates (CASA, 1998). The percentage of inmates incarcerated for violent crimes under the influence of illegal drugs or illegal drugs plus alcohol was 28% for state inmates; 22% for federal inmates; and 25% for jail inmates. Thus, prisons and jails have many drug offenders.

Drug Courts evolved in response to the overlap between drug/alcohol abuse and crime with efforts directed toward engaging defendants in substance abuse treatment (Blenko, 1998). As of August 1999, 396 different jurisdictions had implemented a Drug Court program (Drug Court Clearing House and Technical Assistant Project, 1999). The Drug Court is a court-managed drug intervention and treatment program designed to provide a cost-effective alternative to traditional criminal case processing (Blenko, 1998). Drug Courts are treatment-oriented and target clients whose major problems stem from substance abuse. In response to the rising costs of incarceration and increased drug related arrests, Kentucky's Administrative Office of the Courts (AOC) has established a number of Drug Court programs.

The mission of Kentucky's Drug Courts, like other Drug Courts, is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery. The Drug Court programs in Kentucky are grounded in the Key Components described in the 1997 publication *Defining Drug Courts: The Key Components* (USDJ, 1997), which are the primary goals for all Drug Court programs developed by the Drug Court Standards Committee. In exchange for successful completion of the treatment program, the court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these. Drug Courts transform the roles of both criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers. The Judge is the central figure in a team effort that focuses on sobriety and accountability as primary goals. In the program model developed in Kentucky, defendants are accepted into the program through diversion recommendations made by the County Attorney and the Commonwealth's Attorney or by probation referrals made by the sentencing Judge. If an individual is in the diversion track and successfully completes the Drug Court program, the Drug Court Judge will set the client's guilty plea aside and the charge may be expunged from their record. When an individual in the probation track successfully completes the program, the Drug Court Judge may conditionally discharge the remainder of their probationary time.

When clients have been approved for entry into the Drug Court program, Drug Court staff work with the clients to develop individualized program plans. The plans outline specific responsibilities and goals with timetables. The plans may include group, family, and individual counseling; frequent and random drug testing; educational and vocational training; and health and community activities. The program is performance-based with measurable expectations and accountability. Clients are required to have approved stable housing and employment or participate in educational/vocational training. Clients who are not in an educational or vocational activity are required to complete 20 hours of community service each week. Clients are required to fulfill weekly obligations including observed drug testing, and must provide documentation of attendance to NA/AA meetings. Progress is verified, documented, and reported to the Drug Court Judge for each Court session. Throughout the program, clients appear in Court on a regular basis. Drug Court staff provide case notes for each client at Court sessions. The Drug Court Judge reviews the client files and clients are held accountable for successes or failures. Although the Judge reviews written reports from the Drug Court staff, clients report directly to the Drug Court Judge in Court, explaining successes and failures. The Drug Court Judge rewards success and sanctions noncompliance.

There are three phases in the Kentucky Drug Court program, which take an average of one to one and one-half years to complete (see Logan, Williams, Leukefeld, & Minton, 2000 for a more complete description of a Drug Court program). Phase I can be completed in one month. During the first phase, clients are oriented to the program, begin treatment, are required to obtain court approved housing and employment, begin sessions with the Judge, attend AA/NA meetings, and submit to random, frequent urine screens. Phase II can be completed in eight months. Requirements in Phase II generally include continuing with treatment, random urine screens, maintaining stable housing and employment, and performing other program requirements in a satisfactory manner. Phase III can be completed in three months and is typically referred to as the transitioning out phase. Requirements such as attendance at groups and random urine screens are decreased in this phase. Phase III is the final stage before graduation. Following graduation, an aftercare component is available for additional support and follow up.

Nationally, more than 2 out of every 3 Drug Court clients are parents of minor children. Many of these parents have lost or are in danger of losing custody of their children because of their drug use (American University, 1998; Cooper, 1997). Although the Drug Court participation has resulted in many of these parents retaining or regaining custody upon completing their Drug Court program participation, these children remain at high risk for subsequent drug use. A recent report of the Fayette Drug Court program clients (Logan & Leukefeld, 1998) indicated that clients had one child on average.

In summary, Drug Courts were implemented in response to the rising incarceration rate of substance abusers. Drug Court is an intensive substance abuse treatment program and criminal justice monitoring program. Drug Court clients have children who are at high risk for substance abuse. The next section details the specific risk factors for substance abuse among children.

High Risk Children: Children of Drug Court Clients

For young adolescents, drug and alcohol abuse reduces motivation, interferes with cognitive processes, contributes to mood disorders, has implications for immediate and long-term physical health, and increases the risk of accidental injury or death (Hawkins, Catalano, & Miller, 1992; Paglia & Room, 1998). In addition, early substance use and abuse is associated with a variety of other risk factors including early and frequent sexual intercourse (which is associated with STDs, HIV, and unwanted pregnancies) as well as delinquency and later criminal activity (Ball et al., 1982; Dembo et al., 1991; Elliott, Huizinga, & Menard, 1989; Jessor & Jessor, 1977; Speckhart & Anglin, 1985; Watters et al., 1985). For society at large, adolescent substance abuse is related to a high cost in health care, educational failure, mental health services, drug and alcohol treatment, and juvenile crime.

Precursors of drug and alcohol problems are described as risk factors. Risk factors are associated statistically with an increased probability of drug abuse. A risk-focused approach seeks to prevent drug abuse by eliminating, reducing, or mitigating precursors. Many of the risk factors for adolescent drug abuse also predict other adolescent problem behaviors (Hawkins, Jenson, Catalano, & Lishner, 1988). Thus, it is likely that prevention programs focused on drug abuse will also impact other problem behaviors as well.

Hawkins, Catalano, & Miller, (1992) conducted an extensive review of the literature for risk factors associated with substance use and abuse and found the most salient risk factors can be divided into two categories—contextual and individual. *Contextual risk factors* include: laws and norms favorable toward drug use; availability of drugs; extreme economic deprivation (e.g., poverty, overcrowding, and poor housing); and, neighborhood disorganization. *Individual risk factors* include physiological factors (e.g., sensation seeking, impulsivity); family alcohol and drug behavior and attitudes; poor and inconsistent family practices; family conflict; low bonding to family; early and persistent problem behaviors; academic failure, low degree of commitment to school; peer rejection in elementary school; association with drug using peers; alienation and rebelliousness; attitudes favorable to drug use; and, early onset of drug use. Based on their review of the literature Hawkins, Catalano, & Miller (1992) made several conclusions regarding risk factors: (1) risk factors are stable over time in spite of changing norms; (2) risk factors from both categories predict drug abuse; (3) different risk factors are salient at different periods of development; and, (4) there is evidence that the more risk factors present, the greater the risk of drug abuse.

In reviewing research related to risk factors for drug abuse, one factor that appears continually in the literature is family. Not only have family factors been directly associated with substance abuse, there is some evidence that family processes serve as mediators of peer selection (Conger & Rueter, 1995; Elliot, 1994; Kumpfer & Turner, 1990-1991). In general, family risk factors refer to family process/attachment/involvement that is typically defined as involvement with family, family communication, and discipline. Tec (1974) found a high percentage of adolescents who abused drugs often reported low satisfaction with their families. Other studies have reported that although dissatisfaction varies according to the type of drug used by the adolescent, family environment is generally described by a drug abusing adolescent as hostile, lacking understanding, lacking in love, lacking cohesiveness, lacking cooperation, and as a situation high in alienation (Adler & Lotecka, 1973; Gantman, 1978; Hamburg, Kraemer, & Jahnke, 1975; Pandina & Schuele, 1983; Rees & Wilborn, 1983; Streit, Halsted, & Pascale, 1974; Tolone & Dermott, 1975; Wechsler & Thum, 1973). Comprehensive reviews of the literature concerning family correlates of drug use indicate there are several aspects of the family that may contribute to the dissatisfaction of adolescents with their family as well as the initiation and continuation of substances:

Family drug use. Drug use by family members significantly increases the chance that other family members will also use drugs (Adler, & Lotecka, 1973; Beardslee, Son, & Valliant, 1986; Blum, 1972; Craig & Brown, 1975; Denton & Kampfe, 1994; Needle, McCubbin, Wilson, Reineck, Lazar, & Mederer, 1986; Tec, 1974, Tolone & Dermott, 1975). Further, parents' habits and attitudes toward substance use have been found to be significantly related to those habits of their children (Adler & Lotecka, 1973; Cannon, 1976; Tec, 1974; Tolone & Dermott, 1975). Sibling drug use has also been found to be significantly related to adolescent drug use patterns (Craig & Brown, 1975; Needle et al., 1986). In addition to modeling drug use, parents can influence adolescent and pre-adolescent drug use by modeling other behaviors. For example, modeling of antisocial values and behavior, failure to disapprove of drug use, failure to promote positive moral development, and neglecting to teach their kids life, social and, academic skills (Kandel & Andrews, 1987; Dielman et al, 1989; Grube & Morgan, 1986; Rutter, 1987; 1990).

Family composition. Family composition has a significant impact on adolescent substance abuse (Denton & Kampfe, 1994). For example, Kellam, Brown, Rubin, and Ensminger (1983) reported that there are 76 different family structures and suggests that one of the best predictors of drug use among adolescents was a single parent family with the mother as the parent. One parent families and families with stepparents have been associated with increased risk of adolescent substance use, dependence, and need for illicit drug abuse treatment (SAMHSA, 1996). Brook, Cohen, Whiteman, and Gordon (1992) reported that family type variables were associated with movement from being a non-user/light user to a moderate marijuana user. Family composition may contribute to drug use of adolescents in several ways including poor supervision and neglect, which have been associated with drug use as well (Baumrind, 1985; Loeber & Stouthammer-Loeber, 1986; Richardson et al., 1989).

Family conflict. Several studies also indicate that children from broken homes, due to marital discord, are at higher risk for delinquency and drug use (Baumrind, 1985; Robins, 1980). Family conflict was found to be a stronger predictor of delinquency than family structure (McCord, 1979; Rutter & Giller, 1983). Conflict can be associated with increased verbal, physical, or sexual abuse (Kumpfer & Bays, 1995; Kumpfer & DeMarsh, 1986). Family conflict has also been associated with learning poor conflict resolution or anger management skills, youth violence, association with antisocial peers and illicit drug use (Patterson et al., 1989; Kumpfer & Turner, 1990-1991; Simcha-Fagan et al., 1986).

Communication & discipline patterns. Common family characteristics with adolescent drug abusers include negative communication patterns, inconsistent, unclear behavior limits, and unrealistic parental expectations (Denton & Kampfe, 1994). Denton & Kampfe (1994) suggest that there is a communication gap between family members of adolescents who are chemically dependent which is supported by findings that adolescent drug abusers typically describe their parental communication as closed and unclear. Rigid communication patterns were also observed in these families. The literature also suggests that discipline is important in family interactions. For example, research has found that lax, inconsistent or harsh discipline, high levels of negative reinforcement, parental conflict over discipline practices, failure to set clear rules with consequences, parental expectations unrealistic for the developmental level of the child, and excessive unrealistic demands or harsh physical punishment have been associated with drug use (Barnes, 1990; Barnes & Windle, 1987; Cohen & Brook, 1987; Jones & Houts, 1990; Kumpfer & DeMarsh, 1986; Reilly, 1992).

Parent/Child relations. Research indicates that parent/child relationships such as rejection of the child by the parents or of the parents by the child, low parental attachment, cold and unsupportive maternal behavior, lack of involvement and time together, and maladaptive parent/child interactions have all been associated with drug use (Baumrind, 1985; Brook et al., 1990; Kumpfer & DeMarsh, 1986; 1990-1991; Shedler & Block, 1990). Reardon and Griffing (1983) suggest that positive child-parent association is vital to the development of a strong self-concept and to the prevention of drug abuse. For example, research has shown that the child-parent interaction contributes significantly to the level of adolescent drug use (Barnes, 1984; Barnes, Farrel & Cairns, 1986; Dembo et al., 1985; Glynn, 1981; Johnson & Pandina, 1991; Tec, 1970; Vicary & Lerner, 1986). Other research has reported that the lack of family cohesion and the lack of maternal involvement are related to drug initiation (Brook et al, 1990). Sometimes the children take on a parenting role to either parent themselves or with parenting the parents (Delgado, 1990; Szapocznik et al., 1986). Research indicates that some parents with drug-abusing adolescents view parenting as a job that requires suffering and sacrifice (Blum et al., 1976; Rees & Wilborn, 1983). These parents also reported a lack of confidence in child rearing. Further, research has shown that the effect of peers on delinquency and drug use is enhanced if parental attachment is low (Agnew, 1991; Hays & Revetto, 1990; Hundleby & Mercer, 1987).

Family stress. Other risk factors are related to family stress and chaos including poor family management skills, inadequate life skills, social isolation and lack of community support resources, and poverty (Bursik & Webb, 1982; Farrington et al., 1986; Wahler, Leske, & Rogers, 1979; Wolin, Bennett, & Noonan, 1979). Low family socio-economic status has been found to be associated with chronic delinquency and drug use in many studies (Farrington, 1987; Loeber & Dishion, 1983; Tracy et al, 1990; Werner & Smith, 1992). Poor parental mental health including depression and irritability can cause negative views of the child's behaviors, parent hostility to the child, and harsh discipline (Conger & Rueter, 1995).

Family criminal justice system involvement. Parental deviance and parental instability may contribute to deviance by adversely affecting attachment and discipline, and supervision and thus increase delinquency and drug use (Laub & Sampson, 1988; Sampson & Laub, 1994). Also, many of the same risk factors for drug use are similar to risk factors for criminality. For example, Farrington (1986) indicated that juvenile delinquents tended to come from large, poor families, families who were involved in the criminal justice system themselves, had parents who were in conflict with each other, who were cruel, passive or neglecting, and who used harsh or erratic discipline. Other research has found that one of the most important single predictors of whether or not a child will become a criminal is whether the father of that child is also a criminal (Reiss & Roth, 1993; Robins, 1979; Wilson & Herrnstein, 1985).

In summary, there are a number of risk factors that have been associated with substance use and abuse as well as other problem behaviors. Peer and family factors play a critical role in predicting substance initiation, use, and abuse. Family factors have also been shown to influence decisions about peers. Within the context of family as a risk factor, there are numerous factors related to family functioning that may influence substance use and abuse. In addition, risk factors tend to be stable over time; and the more risk factors present, the greater the risk of drug abuse. Thus, those children with unstable family environments, either because of parental substance abuse and/or involvement in the criminal justice system, are at high risk of following the models that have been set by their parents.

The children of Drug Court clients are at increased risk for substance use and abuse. One of the most compelling reasons is that they are at double risk—not only have their parents been substance abusers, they are also involved in the criminal justice system. Each of these risk factors alone has been associated in the empirical literature as a critical risk factor for substance abuse and other problem behaviors. The family consequences of being involved with both risk factors add even more to the number and type of risk factors these children must contend with including: the impact on family composition, family conflict, family communication and discipline patterns, parent/child relations, and family stress.

Process Evaluation

Need for the Program

The pre-adolescent and adolescent children of the parents involved in the Drug Court program are at an extremely high risk for substance use and abuse as well as other problem behaviors. Families involved in the Drug Court program are more vulnerable to every family risk factor described in the previous section. The Fayette and Warren Drug Court program process evaluations indicate that health and mental health problems, marital and educational status, family substance use and mental health problems, poverty levels, and extensive substance use and criminal justice involvement for Drug Court clients are high (Logan & Leukefeld, 1999). The Drug Court programs offer family counseling and parenting classes; however, there is no funding through the Drug Court program to provide services to the high-risk children of Drug Court participants themselves. Three Drug Court Program sites were originally chosen to implement the Strengthening Families Program: Fayette, Warren, and Jefferson Counties.

Fayette County Drug Court Program. Fayette County Drug Court was established by AOC in July 1996, which was the first AOC Drug Court program in the state. A recent report indicated that in the Fayette Drug Court program, there are approximately 100 active clients at any one time (Logan, Williams, & Leukefeld, 1999a). In 1998, clients were 70% male, 67% African American; 57% had graduated from high school or had a GED or above, and clients were about 32 years old. Approximately 64% of the clients had children; 20% were married, and 64% had never been married. Before entering Drug Court, 22% were employed full-time, and 4% were employed part-time; after entering Drug Court program, 70% were working full-time. The average years of drug use for clients was 10 years, and approximately 60% of clients had been in prior treatment before entering the Drug Court program. Participants had an average of 4 prior charges and had spent an average of 13 months in jail/prison in their lifetime. It is common for current clients to have had a history of the following kinds of charges: theft/property offenses, prescription drug fraud, drug possession, drug sales/trafficking (small quantities), parole/probation violations, and contempt of court charges. It is also common for Drug Court clients to have used alcohol, opiates/analgesics, sedatives/hypnotics/ tranquilizers, cocaine, crack, marijuana, and more than one substance before entering Drug Court. However, the following are the primary drug of choice or primary drug problem in descending order for all clients on average: crack, marijuana, alcohol, cocaine, opiates/analgesics, sedatives/hypnotics/tranquilizers, amphetamines, hallucinogens, over-the-counter drugs, barbiturates, heroin, methadone, and inhalants. Of the participants who were in the program during Fiscal Year 1998, 20% graduated, 33% terminated, and 47% were still active at the end of this period.

A qualitative needs assessment was conducted with the Fayette Drug Court staff and clients regarding prevention intervention for the children of Drug Court clients. Both male and female parents expressed concern about how to get back to the basics of parenting after getting into their own personal recovery program. Parents stated that they had either lost the ability to parent, or realized that they never really were “effective” parents to begin with. Now they have found themselves with rebellious children or children who have been accustomed to actually parenting themselves or who have been parenting the parents. These parents are unable to communicate with their children, and at times, did not feel respected by their children. They do not have the skills needed to talk to their children about their past behaviors, their present situations, and their future goals for the family.

For example, one Drug Court graduate requested support from Drug Court staff because of problems she is currently having with her children. Her 23-year old daughter had attempted suicide on the previous day, her 19-year-old son was incarcerated on two separate drug-related charges, one of them involving a shooting and the other involving a murder; and the youngest, a 14-year old son, who is a good student and having no behavior problems, offended her a few days ago by calling an addict on the street a “crack head.” The participant was in tears, stating that she told her youngest son that he didn’t understand the addict, for as of a year ago, she was in the same place. She stated that he also uses her past against her, and is very good at getting what he wants from her by making her feel guilt and shame about her past using behavior. She was not only asking for support, but advice and materials on how to maintain her sobriety and how to help her children. After spending some time counseling her, a staff member explained the Strengthening Families Program to her and asked if she thought it would have been beneficial for her and her family while she was in the program. She emphatically replied “yes” and went on to explain how her addiction kept her from parenting for so many years, and now communication and respect are at times hard to come by in the family. She wanted to understand why her daughter didn’t come to her instead of trying to take her own life, why her son is involved in drugs when he saw where she was and all she went through, and why her younger son doesn’t have any empathy toward those who are currently in the situation she was in such a short time ago.

There are numerous parents in the program with children as young as 9 who are already deep into the criminal justice system or in active addiction themselves. Recently, four of the parents have had children involved in outpatient treatment programs, and three parents have had children who have gone through inpatient treatment programs. These situations enhance the parents’ feelings of guilt and shame and impact their ability to concentrate on their recovery. There are also many parents who have lost custody of their children to either relatives or The Cabinet for Families and Children, and desperately want to regain custody. But there are problems for these parents in resolving issues with the Cabinet because of their long histories of substance abuse and previous non-compliance with treatment plans. They express feelings of exasperation and confusion when trying to understand the system and their own children’s behaviors.

It has also not been uncommon for both parents and their children to participate in the program at the same time. Currently, in the Fayette Drug Court, there are two mothers and their sons in the program at the same time, one father and daughter, and one young man and his stepfather. Unfortunately, in all but one of these situations, it has been the parent who succeeds while the children fail. Although parents have attempted to set good examples and be role models while in the program, it may be too late. By being exposed to the prior lifestyles of the parents, these behaviors may already be ingrained in these children. When talking with these parents, they also feel that the benefits of a program such as the Strengthening Families Program may have had a positive impact had it been offered when their children were young enough to benefit, before they had already patterned their lifestyles after their drug abusing parents.

Warren County Drug Court Program. This Drug Court program serves a rural population. Clients in Fiscal Year 1998 were 73% white and 26% African-American (Logan, Williams, & Leukefeld, 1999b). Also, clients were an average age of 26 with ages ranging from 18-52 years old. Approximately 22% of the clients had children. Before entering the Drug Court, 69% were employed full-time, and 6% were employed part-time; after entering the Drug Court program, 97% were working full-time. Drug Court clients had used drugs an average of 8 ½ years and approximately 50% of the clients had been in treatment prior to entering the Drug Court program. Participants had an average of five prior charges and had spent an average of six months in jail/prison in their lifetimes. It is common for current clients to have had a history of the following kinds of charges: theft/property offenses, prescription drug fraud, check/credit card forgeries, drug possession, drug sales/trafficking, prostitution, parole/probation violations, fourth degree assault, domestic violence charges, and contempt of court charges. The primary drugs of choice or primary drug problems for clients were alcohol and cocaine. At the end of Fiscal Year 1998, 17% had graduated; 37% were still active, and 46% were terminated from the program.

The parents enrolled in the program are experiencing painful problems rearing their children partly due to their long history of substance abuse and their recognition that they were “ineffective” parents while using substances. The rural nature of the population this Drug Court serves makes it even more difficult for these parents and their children to access other resources including health and mental health services as well as prevention information. The Strengthening Families Program would enable clients to obtain the parenting knowledge and skills, support, and help needed all within the same system. Through the Strengthening Families Program, clients would be able to become more effective parents in general, as well as potentially impacting a significant risk factor for these youth and promoting the opportunity for these families to become a beneficial part of the community.

Jefferson County Drug Court Program. Jefferson County Drug Court in Louisville was the first operational Drug Court in Kentucky, as well as the first Juvenile Drug Court (Logan, Williams, & Leukefeld, 2000). Overall, the Jefferson County Drug Court program has had 166 graduates. In 1999, there were 160 active Drug Court clients who were 49% African American and 35% white. Also, clients were an average age of 35 with ages ranging from 18-52 years old. Current clients were arrested an average of three times in the five years prior to their entrance to Drug Court and an average of four times in their lifetimes. Current clients also have spent an average of three and a half months incarcerated in their lifetimes.

Louisville is the largest urban area in the state. Along with the prevalent drug problem, gang related activity is also a growing issue. Both the adult participants in the program and the juveniles stated they believe the Strengthening Families Program would be beneficial. Many of the adults have children involved in drug and gang-related activities, and the juveniles have parents who are addicts or who are or have been incarcerated. Early family intervention and education are effective tools in stopping the cycle of addiction and criminal behaviors associated with the lifestyle. The parents in the Drug Court program want to set good examples and to be the best parents they can be. The Strengthening Families Program could be a good foundation to build respect, open lines of communication, promote unity within these families, and prevent substance abuse for their children.

Summary. Along with the prevalent drug problem, gang-related activity is also a growing issue. Both the adult participants in the program and the juveniles stated they believe the Strengthening Families Program would be beneficial. Many of the adults have children involved in drug and gang-related activities, and the juveniles have parents who are addicts or who are or have been incarcerated. Early family intervention and education is an effective tool in stopping the cycle of addiction and criminal behaviors associated with the lifestyle. The parents in the Drug Court program want to set good examples and to be the best parents they can be. The Strengthening Families Program could be a good foundation to build respect, open lines of communication, promote unity within these families, and prevent substance abuse for their children. Based on the needs assessment, a grant was submitted to the Governor's Youth Substance Abuse Prevention Kentucky Incentive Project (KIP Project) to request funding for the Kentucky Drug Court Strengthening Families Program.

Kentucky Drug Court SFP Funding

The Governor's Youth Substance Abuse Prevention Kentucky Incentive Project (KIP Project) features two broad, yet integrated initiatives. First, state government agencies were asked to reassess all funding directed toward prevention of youth substance abuse. Then, state government agencies were asked to initiate science-based programs and practices in local communities, through the distribution of approximately 2 million dollars in Fiscal years 1998, 1999, and 2000 for local community and statewide substance abuse prevention projects. The funds for the KIP Project were granted to the Governor of Kentucky to be administered by the Division of Substance Abuse as the lead agency. The Division of Substance Abuse contracted with the Council on Prevention and Education: Substances (COPES) and Community Systems Research Institute (CSRI) to work as consultants and provide technical support and evaluation services for the project.

The following mission statement for the KIP project was developed in December 1997: "To actively provide advocacy and support, as well as strategic and operational recommendations to the Governor and the Division of Substance Abuse for the coordination of a unified prevention system for the Commonwealth of Kentucky."

In August 1998, the Administrative Office of the Courts (AOC) submitted an application for funding to implement the Strengthening Families Program for at-risk youth whose parents are currently enrolled in one of three Kentucky Drug Court programs in response to the second initiative developed by the KIP project. The grant was funded in November 1998 to implement the Kentucky Drug Court SFP in three sites—Fayette County Drug Court program, Warren County Drug Court program, and Jefferson County Drug Court program. Budget meetings and KIP project training began in November 1998 to incorporate the Strengthening Families Program into the Drug Courts of Kentucky.

Description of the Intervention

Overview and Background. Kumpfer (1994) conducted a search for effective parenting and family programs using multiple criteria derived from the prior list of family risk factors for the Office of Juvenile Justice and Delinquency Prevention (see Appendix A for examples of programs reviewed). Several principles for best practices in family programs were identified. The principles for effective programs included:

The program should be:

- (a) comprehensive
- (b) family focused
- (c) long term
- (d) of sufficient dosage to affect risk or protective factors
- (e) tailored to target populations' needs and cultural traditions
- (f) developmentally appropriate
- (g) beginning as early in the family life cycle as possible, and
- (h) delivered by well-trained, effective trainers.

The conclusion of the literature search was that there is no single best family intervention program (Kumpfer, Molgaard, & Spoth, 1996). Based on these findings as well as requests from parents in substance abuse treatment programs, Dr. Kumpfer and other researchers at the University of Utah developed the Strengthening Families Program (SFP) (Kumpfer, DeMarsh, & Child, 1989). The National Institute on Drug Abuse (NIDA) included the SFP as an exemplary example of a selective prevention intervention in a resource manual entitled “Drug Abuse Prevention for At Risk Groups”(1997). NIDA indicated this program was selected because: (1) It is a selective prevention program that has been successfully implemented in a variety of settings with diverse populations; (2) It has been demonstrated to be effective in reducing family environmental risk factors as well as behavioral and psychological problems associated with substance abuse; (3) It includes many of the key features that are characteristic of selective prevention programs; and (4) The effectiveness of the program has been established from extensive research and long-term evaluation.

Specifically, the Strengthening Families Program (SFP) is designed to reduce family environmental risk factors and improve protective factors with the ultimate goal of increasing the resiliency of youth 6-10 years of age who are at risk for substance abuse. There is also a program designed for junior high school youth ages 11 to 14. For the preadolescent program, participants meet for 2 to 3 hours weekly for 14 weeks. There are three components to the weekly meetings: parent skills training; children’s skills training, and family skills training. The adolescent version (11 to 14 year olds) incorporates a parallel 7-session program. During the first hour of the weekly sessions parents and children attend separate sessions. The second hour is scheduled with the families together. The third hour can be used to incorporate time for group announcements, breaks, and meals afterward.

The overall guiding principle of the SFP is that the family environment is an important factor in deterring the use of substances among youth. Family climate and parenting factors influence children’s self-esteem. High self-esteem has been positively correlated with positive school bonding. Family environment is an important factor that influences even a child’s choice of friends. Therefore, improving parent-child relationships is a major goal of the SFP. The SFP model also assumes that to reduce risk factors among children of substance abusers, it is necessary to improve the family environment and the parent’s abilities to provide appropriate opportunities for their children to receive rewards for positive attitudes and behaviors.

The SFP has been extensively evaluated and has shown positive outcomes with substance abusing families in general, and with low-income, rural, and urban African-American families, urban Hispanic/Latino families, and rural and urban Asian and Pacific Island families in particular (Kumpfer, Molgaard, & Spoth, 1996). The positive program results are consistent across the different sites implementing the program. The primary outcomes of the program were reductions in family conflict and improvements in family communication and organization as well as reductions in youth conduct disorders, aggressiveness, and emotional problems such as depression. Specifically, the program has been effective in reducing: (1) family environmental risk factors; (2) behavioral and psychological risk factors for substance abuse among the children; (3) tobacco and alcohol use in children who had initiated use; and (4) intentions to use tobacco, alcohol and other drugs in the future for the children. For the parents, outcomes of the SFP were: (1) dramatic reduction in depression; (2) reduced substance abuse, and, (3) improved parenting skills. In addition, a five-year follow-up study at several sites found that parents reported the SFP made a dramatic difference in their children's behavior, improved the parent-child relationship and communication, and reduced family conflict (Harrison, 1994; Kumpfer, Molgaard, & Spoth, 1996; NIDA, 1997).

Researchers, Spoth and Molgaard, from Iowa State University in collaboration with Kumpfer, modified the SFP original design (Molgaard, 1999). This new model entitled Strengthening Families Program: For Parents and Youth 10-14, is a 7-week program with four booster sessions following the program's completion. Like the original program, this program focuses on increasing the resiliency of youth ages 10-14 at risk for substance abuse while improving family protective factors and building parent/child relationships. Weekly meetings are structured the same as in the original model with separate parent/child sessions then a subsequent family session, each lasting one hour. Weekly meetings last approximately two hours. Each meeting contains a variety of activities for the participants. Parent sessions include skill-building activities, group discussions, and observing videos on interacting with youth. Youth sessions include games, skill-building activities, and discussions as well. Family sessions include parent/youth discussions, projects, games, role-plays, and skill-building practice. The four booster meetings are held 3-12 months after completion of the program. These booster meetings, also structured like the original meetings, include reviewing and practicing skills learned in the 7-week program.

Kentucky Drug Court SFP Description

The Kentucky Drug Court SFP used the adapted SFP developed by Kumpfer, Molgaard, and Spoth (1994). Drug Court families participated in the program after they entered Phase II of the Drug Court program. Drug Court clients, if they qualified for the program, were mandated to participate in the program by the Drug Court Judge. There were no fees for participation in SFP. Clients and children met once a week for two hours at the Drug Court site. Separate parent and child sessions occurred in the first hour, followed by snacks and the family session in the second hour.

The parent session of the SFP was presented through a variety of teaching methods including lectures, demonstrations, discussions, role-plays, homework assignments, practice exercises, and video presentations. The curriculum consisted of several general areas including developmental expectancies, stress management, communication, reward systems, appreciation, problem solving, discipline, drugs and alcohol, and family values. Parents met as a group with the program coordinator to learn about and discuss these issues and how each pertains to their own families. Parents openly discussed with others what their families were experiencing and the problems they faced in day-to-day life. Feedback from other parents and the program coordinator provided new and different ways to overcome these problems. They also learned ways to improve their relationships and interactions with other family members (see Appendix B for session goals).

The youth component also consisted of similar issues as the parent sessions, but the sessions focused solely on how these issues effect the youth. The curriculum topics covered social skills and communication, respect and appreciation, stress management, good behavior, drug and alcohol use and abuse, problem solving, coping skills and resources for help. Each session incorporated varied teaching methods to increase interest and encourage youth learning. Active learning techniques such as games, role-plays, making visuals, demonstrations, and other projects as well as through lectures and group discussions provided alternative ways for youth to learn. Youth not only learned from the curriculum but also through other youth. In these sessions youth met others with similar life experiences. Through self-disclosing discussions with one another, youth learned they were not alone and could learn from other's experiences as well (see Appendix B for session goals).

The family component of the SFP brought youth and their parents together to discuss issues concerning the entire family. Families met in a group with the program coordinator and discussed topics including family values, problem solving skills, respect and appreciation, alcohol and drug use, and reward systems. Families practiced holding family meetings and practiced solving family conflict and other problems. Parents and youth also participated in role-playing in which the youth took on the role of the parent and the parent took on the role of the youth. This aided in better understanding the other family member's views and what he or she may be going through. Projects and games were incorporated into the family sessions to encourage the importance of spending quality time with one another. Family homework assignments included setting goals for the week such as holding a family meeting and setting aside specific times to play games and talk with one another (see Appendix B for session goals).

Three adaptations were made to the original SFP specifically for Drug Court clients and their children. The age range for child participants was expanded to 8-15 years of age. If a child's age upon entering the program was slightly above or below the set age range that determines eligibility (e.g. the child would be 8 years old in a month) he or she still participated in the program. Also, a criminal justice component was added on to one of the youth sessions. In this session, a law official such as a Drug Court Judge and/or police officer met with the youth to discuss their jobs and the legal system and to take part in games and activities with the youth. This component was added to give youth a chance to form a positive relationship with law officials and to understand what their Drug Court parent might be experiencing. An eighth session was added to review and conclude the program. During the final session, families together reviewed the material they had learned in the previous seven sessions. Reviews consisted of questions asked by the program coordinator to be answered by the participants, both parents and children. This could also be done in a game-like fashion with points or snacks awarded to those with the correct answers. After the review, families concluded the program with a celebration. These celebrations consisted of a pizza party or other snacks and refreshments, free discussion, and games or other activities for the youth.

Eligibility. Parents involved in the criminal justice system with children between the ages of 8-15 were referred to the Strengthening Families Program. Potential participants were referred to the program by a Judge, Probation, or Drug Court staff. Drug Court clients with children aged 8-15, and who had custody or consistent contact with their children, were required to participate in this program while they participated in Phase II of the Drug Court program. Drug Court clients in Phase III of the Drug Court program were not eligible for the Strengthening Families program because they become eligible for graduation from Drug Court before the Strengthening Families program could have been completed. Brochures were created for the program and used to initially inform families of the program (see Appendix C for brochure).

Parents not involved in Drug Court but who were on probation in Fayette County also participated in the SFP. Warren Drug Court did not include probation referrals. The probation staff referred eligible probationers to the program within Drug Court. Most of the SFP participants, however, were in Phase II of the Drug Court program. Only two parents out of the seven families that completed the program at the Fayette site were solely on probation and not participating in the Drug Court program. Brochures were used to recruit and initially inform families of the program (Appendix C).

Implementation of the Kentucky Drug Court SFP

A timeline outlining the specific events that took place during the implementation of the Kentucky Drug Court SFP is displayed in Appendix D. Included are events specific to the general implementation of the Strengthening Families Program, events specific to each SFP site, and the program evaluation timeline. Evaluation of the program was conducted by the University of Kentucky's Center on Drug and Alcohol Research. The original Kentucky Drug Court SFP was developed and submitted in August 1998, and the grant was approved and awarded with funding in October 1998. One of the sites--Jefferson County Drug Court program was unable to implement the Strengthening Families Program. In addition, the Fayette Drug Court program site moved the program from Fayette County to Kenton County Drug Court in April 2000.

Fayette Drug Court SFP. In November 1998, a project director was appointed for the statewide project and was trained by professionals from the Bluegrass Prevention Association who had received training from the SFP developers. A Program Coordinator was hired and trained by KIP project staff in January 1999. There were three cohorts that completed the Kentucky Drug Court SFP. In April 1999, the first baseline interviews were conducted, and the program's first cohort began with 5 parents and 5 children. By July, the first cohort had completed the program and post testing had been conducted. In October 1999, the pretest interviews for the second cohort were administered; and by December, post testing for this group was finished. Participants in the second cohort consisted of two parents and three children. Interviews for a process evaluation were conducted with a sample of SFP participants, as well as SFP staff and a Drug Court Judge early spring 2000. A third cohort of SFP participants, 2 parents and 3 children, completed pretest interviews in December. In January 2000, the first 6-month follow-up was administered, and others were scheduled for the upcoming months. Posttest interviews for the third cohort were conducted in February 2000. From February until June 2000, 6-month parent and child interviews were conducted. In April 2000, the program coordinator resigned, and the program was moved to the Kenton County Drug Court program in Northern Kentucky. Six-month follow-ups were completed in June. A total of 16 parents and children successfully completed the SFP at the Fayette Drug Court site.

Warren Drug Court SFP. The staff at the Warren County site also participated in the KIP project training in November 1998, and a Program Coordinator was hired and trained for this site in January 1999. The first baseline interviews were completed in April 1999. These included interviews with the control participants as well as the program participants. This SFP cohort began with 6 parents and 11 children in May 1999. Posttest interviews for this cohort were in July. The second cohort of participants began their SFP sessions in November 1999 and concluded with post testing in January 2000. Seven parents and 13 children completed the second SFP. Process evaluation interviews were conducted with the program coordinator, a Drug Court Judge, and SFP graduates for the process evaluation in early spring 2000. In February 2000, 2 parent and 4 child pretest interviews were conducted with the third cohort of participants, and 6-month follow-up interviews were conducted with the first cohort of the SFP. Posttest interviews were administered to the third cohort of participants and 6-month follow-ups to past graduates in June 2000. A total of 39 parents and children successfully completed the SFP at the Warren Drug Court site.

Graduation. Clients and their children who attended all SFP sessions and successfully completed the Strengthening Families Program took part in a graduation ceremony and family celebration. A graduation ceremony was held immediately after the eight-week sessions were completed. Graduation ceremonies were held at the Drug Court site or a meeting center provided by one of the outside support sources. Family and friends were welcomed to attend. The SFP program coordinator began the ceremony by introducing the participants and speaking on behalf of each family about the achievements each had accomplished throughout the program. During the graduation ceremony, a Drug Court Judge and/or other Drug Court or SFP staff may also give a short speech. The staff of the SFP and Drug Court, including at least one Drug Court Judge, was on hand for the distribution of certificates to each participant and plaques of achievement to each family. Representatives from support resources such as the Regional Prevention Center and Bluegrass Prevention Council also attended. Children were given either free coupons for a local restaurant, YMCA passes, and a small gift such as a box of crayons, sidewalk chalk or candy. To conclude the graduation ceremony a few SFP participants were asked to share with those in attendance what the program has done for them and their families. In one graduation ceremony, a SFP participant has even performed a solo to conclude the ceremony. After the ceremony concluded, a small family celebration was held at a local restaurant or at the Drug Court Office. The celebration often involved a pizza party or other types of snacks and refreshments with the SFP families and staff. Since its inception, the Strengthening Families Program has had 21 parents and 34 children graduate from the program, a total of 55 participants from both sites.

Respondent Perceptions

Interviews and surveys were conducted with SFP program and treatment coordinators, Drug Court Judges and SFP graduates from both the Fayette and the Warren Drug Court SFPs. One face-to-face interview was conducted with a Drug Court Judge at the Fayette site and one with a Drug Court Judge at the Warren site. The program coordinator and treatment coordinator at the Fayette site were also interviewed face-to-face. The program coordinator at the Warren site completed the same questionnaire. Nine parents and 10 children who had completed the SFP were also surveyed about their perceptions of the Strengthening Families Program. Respondents were asked about strengths and weaknesses of the program as well as additional comments about specific aspects of the program including curriculum topics, activities, length of the program, and effectiveness.

All of the respondents felt the SFP program was very important in order to reach some of the highest risk children and families. Respondents said the most important goal of this program was to decrease the use of substances by children and also stop the cycle of abuse, crime, and addiction. Respondents felt that the program's best qualities included:

- (1) Opportunities for parents to take time out to spend quality time with their children;
- (2) Providing a meeting ground for parents and youth to discuss difficult topics;
- (3) Opportunities for parents to learn better communication skills and ways of discipline;
- (4) Opportunities for both parents and youth to regain respect for one another;
- (5) Providing youth with information and alternatives to substance use; and,
- (6) Opportunities for learning and practicing their roles in the family.

Judges and staff perceptions. Judges and Staff agreed that the program provides the Drug Court clients and their children an opportunity to obtain a structured neutral meeting ground to discuss rather difficult issues such as substance abuse in the family. Parents are also given a chance to regain their authoritative role as the parent and regain the respect of their children. Communication and respect among family members was one of the most important components of the program perceived by staff and Judges. Involving the entire family allows those most affected by the substance abuse, to aid in the treatment process.

Parent perceptions. Parents that successfully completed the Strengthening Families Program agreed that the program had impacted their lives. Parents involved in the program reported that the program gave them an opportunity to discuss their drug problems more openly with their family and to gain knowledge about how it affected their partners and children. It also allowed them the opportunity to discuss their problems with drugs and also opened the door to approach other topics within the family such as loss of respect for one another or unhealthy communication between family members. Parents also reported that the program taught them better ways to communicate with their children and new ways to discipline their children. They also learned how important it is to respect their children and spend quality time interacting with them. Several parents reported that the program allowed them to spend more time with their children and actually get to know who their children really are. Parents, when asked what they learned in the program, reported that they learned better ways to communicate with their children, to respect their children, and new ways to discipline “that really work.”

Child perceptions. Children reported that the program taught them not to do drugs and how to say no to drugs and peer pressure. It also helped them get closer to their parents, work out family problems, learn how to better express themselves and communicate with their families, and also work on making their families what they want them to be. Many children also stated the program provided them an opportunity to meet other families like their own, which helped them not feel so alone. Children reported that their favorite parts of the program were playing games and doing family projects because they got to interact with their families and others.

Families’ perceptions. Families reported they enjoyed the family activities because it allowed them to spend more quality time with each other and get to know each better. They learned new and better ways to cope with family problems as well as ways to deal with minor everyday problems and how to make better decisions concerning the family. Numerous families also reported that they were still using the reward and punishment systems that they learned about in the program and plan to continue to utilize these systems in the future. They say it has really helped to decrease discipline problems at home.

The majority of Drug Court clients (64%) did not have full custody of their children. Therefore, their opportunities to be involved in their children’s lives have been greatly limited not only by having none or partial custody, but also by their past using behavior and criminal histories. The Strengthening Families Program provided an opportunity for these parents to “start over” with their children. The following are four case studies of Drug Court clients that participated from SFP. In two cases the participant successfully completed Drug Court; and in the other two, the clients were terminated from Drug Court shortly after they had completed the SFP in Phase II.

Case Studies

Case Study I. One Drug Court graduate thanked the Drug Court and Strengthening Families Program staff for enabling her to start over with her 10 year-old daughter. At the time she entered the Strengthening Families program, she did not have custody of her daughter. Therefore, communication involved the custodial father, the daughter, and herself regarding transportation and family events that would affect the participation in the program. Both mother and daughter were in attendance in punctual and enthusiastic manners. Mother stated openly that she did not wish her daughter to take drugs and/or abuse other substances. Daughter voiced her pride in her mother's sobriety. Both expressed the need to spend more "quality" time together and the future hope of living together in the same household. In one of the sessions, the daughter brought in an essay that spoke of "someone" she knew that took drugs and that she herself would never try drugs and "neither should you!" In her free time, the daughter wrote up a script using the preventive peer skills practiced in the youth sessions. It was obvious that the daughter recognized the preventive component of the Strengthening Families program. Mother and daughter completed the family eight-week curriculum. Presently, the mother is now in the final phase of the Drug Court program before graduating and regaining custody of her daughter is in the works.

Case Study II. Another Drug Court participant stated that he was grateful for the Drug Court and that the Strengthening Families program had been beneficial to his family. In this case, the family was still intact so making arrangements for participation in the program was not difficult. This father of four, however, was reluctant at first to participate in the Strengthening Families program. Once the program began though, the participant and his children expressed great interest and actively participated throughout the full eight-week program. The children really enjoyed the program, and the participant even stated that since they had begun the program, the children's grades in school seemed to improve. During a home visit following the final session of the Strengthening Families program, the participant stated that he was now chairing a 12-step meeting and doing service work. He said he enjoys attending the 12-step meetings and spending more quality time with his children. He reported that his family continues to utilize the behavioral charts and family meetings introduced to him in the Strengthening Families program. He expressed that using these instruments had greatly increased and improved family communication and interaction.

Case Study III. Drug Court clients who have even failed to complete the Drug Court program have also expressed great commitment to and satisfaction with the Strengthening Families program. One mother and her teenage daughter, who completed the eight-week family curriculum, communicated mutual respect for one another and future hopes to remain sober. The daughter of the Drug Court client would even attend the weekly sessions when the mother was sick. She had expressed working with children and was instrumental with positive peer influence regarding youth activities. Although the mother had great difficulty keeping up with her Drug Court obligations, she did manage to complete the Strengthening Families program with her daughter. She acknowledged that she was having family problems and that is why she attended and actively participated in the Strengthening Families program. Both of her daughters had recent shoplifting charges, and her living situation was not good. This client communicated that the program helped her and her daughter gain respect for one another and discuss boundaries and their roles in the family. Shortly after completion of the family program, the Drug Court client could not be located at her home or place of employment. She was declared “failure to appear” and termination papers were filed. At this time, she remains on the run.

Case Study IV. Another Drug Court client who had trouble with relapses also successfully completed the Strengthening Families program with his two sons. The participant was very willing and compliant upon entering the program. Both the father and his sons actively participated and attended all weekly sessions. However, due to a relapse, the participant missed the graduation ceremony, held for those who successfully complete the Strengthening Families program. The Judge decided to have a special graduation ceremony, shortly thereafter, for this particular client and his two sons. Unfortunately, the client relapsed again, absconded, and was terminated from the Drug Court program.

Limitations

Drug Court Judges and SFP staff agreed that one major limitation of this program was locating Drug Court clients that fit the eligibility requirements. Clients found to be eligible, but who did not have full custody of their children, were required to try to make arrangements with the custodial parent so the child/children could participate in the program. Some custodial parents refused to allow the Drug Court parent to have any contact with the child/children, making that potential participant no longer eligible for the program. In other cases, the children were involved in extra-curricular activities that conflicted with the program meetings and were unable to attend. This also made the potential Drug Court participant ineligible.

Joint custody also provided a problem if meetings were held on the days the Drug Court client did not have the youth. The other parent sometimes did not allow the children to participate in the program because it took from their time with the children. Some of the clients who did participate in the program dropped out because they lost custody of their child/children during the program, and the custodial parent refused to let the children attend the meetings. At inception, the goal of the SFP was to have ten families per cohort per site, but because of the unexpected custody complications, the numbers were much lower at both the Fayette and Warren County Drug Court SFP sites. Fayette County Drug Court SFP had approximately 2-3 families per cohort for a total number of 16 participants. Warren County Drug Court SFP had approximately 5-6 families per cohort serving a total of 36 people. A possible explanation for the much lower number at the Fayette County Drug Court SFP site was that this site served an urban population, whereas the Warren County Drug Court SFP site served a much more rural population. Divorce and single parent households were much more prevalent in urban areas as opposed to rural areas, and this was present in the SFP families as well. Of the participants in the Fayette County Drug Court SFP, there was not one family that had not experienced divorce or a single parent household at one time or another. Currently, 5 of the 7 children who participated in the SFP do live in a two-parent household whether the parent's partner is a live-in boyfriend/girlfriend or a stepparent. In the Warren County Drug Court SFP, 10 of the 21 children who participated in the program currently live in a single parent home. The remaining children live in households with two guardians, one biological parent and the other either a stepparent or a live-in boyfriend/girlfriend. Three of the families who participated in the Warren County Drug Court SFP never experienced divorce and currently remain intact.

Families also dropped out of the program if the Drug Court parent failed to fulfill his or her obligations to Drug Court, resulting in a sanction during the program. Dropouts also occurred if the client absconded or was terminated from Drug Court.

Summary

In summary, the SFP is a scientifically developed prevention intervention program specifically targeted at Drug Court clients and their children ages 8-15. The eight-week program incorporated three separate sessions for youth, parents, and families. Participants learned ways to improve family cohesiveness, communication skills, substance use prevention skills, listening skills, means of discipline, coping skills, and problem solving through activities such as games, projects, role-plays, discussions, writing assignments, demonstrations, practice exercises, and video presentations. The primary goals of the program include: (1) reduce the use of alcohol, tobacco, and other drugs; (2) delay the initial use of these substances; (3) decrease the positive attitudes toward alcohol, tobacco, and other drugs; and (4) lower the significant family risk factors. Evaluation results indicate that this program is effective in impacting family functioning and substance abuse prevention. The adaptations facilitated the program implementation specifically for the Drug Court target population. At the end of the program, participants had a graduation ceremony and family celebration.

The SFP has been shown to be effective in the lives of the Drug Court clients and their children who did participate and successfully completed the program. Participants expressed satisfaction upon completion of the program. Most participants agreed that some of the highlights of the program included: (1) the family day outing; (2) family projects; and (3) games. These activities provided the families with an opportunity to take time out to actually be a family, spending quality time together. Children also learned preventive measures toward peer pressure and substance use. Although locating and maintaining eligible families in the program was an unexpected complication, those families that did complete the program described it as a bonding experience.

Outcome Evaluation

Introduction

NIDA (Drug Abuse Prevention: What Works, 1997) listed guidelines for effective drug abuse prevention programs including: (1) family focused prevention efforts may have a greater impact than strategies that are only child-focused or parent-focused; (2) theory based prevention programs that address risk and protective factors from a developmental perspective by targeting the most receptive ages or strategic times are likely to have greatest impact; (3) the higher the level of risk, the greater the intensity of the prevention effort required for maximum effectiveness; and long-term prevention programs have a longer lasting impact on at-risk groups. The Drug Court SFP took each of those recommendations into consideration by targeting prevention intervention at high-risk preadolescents and adolescents, by targeting families, by the proposed intensity of the SFP intervention, and by incorporating a science based approach to prevention. It was hypothesized that the intervention would have strength and implementation integrity, particularly since it is a selective prevention intervention targeted at a select group of high risk children. However, the tradeoff for strength and program integrity is that the reach was not comparable to a community-wide or school-based intervention that could potentially reach thousands of children. In addition, to the science-based intervention, a careful intensive, science-based evaluation was also planned. Although the SFP has been utilized and has been shown to be effective with diverse populations, there was no information about this intervention being applied to children and families involved in the Drug Court program.

Methods

Participants

Because the children of families involved in the Drug Court program are at such high risk and because the intervention has never been applied to a Drug Court target population, a control group was utilized. The first year, children ages 8-15 and parents from across the two sites participated in the program. In addition, a control group of children and parents from both sites were also included. This control group was recruited from Drug Court clients and graduates who have children in the same age range (8-15 year olds), but were not eligible to participate in the SFP intervention because: (1) the Drug Court client parent was in Phase III of the program; or (2) the Drug Court client parent recently graduated from the program.

Materials

Lists of constructs and measures used are shown in Table 1. Parent and child participants of the program were interviewed separately prior to the first SFP session and immediately after the last SFP session (See Appendix E for copies of child baseline and post-program instruments and Appendix F for copies of parent baseline and post-program instruments). Parents and children were also administered a follow-up interview six months after completion of the SFP (See Appendix G for copies of 6-month follow up instruments). Each interview lasted approximately 25-45 minutes. Parent interviews include questions about the family, information about their child's drug use, school bonding, their child's self-esteem, behavior, feelings toward their child, personality characteristics present in their child, and their own self-esteem and personality characteristics. Child interviews consist of questions about the family, friends, self-esteem, personality characteristics, attitudes and behavior concerning drugs, knowledge of drugs, and the dangers of drugs. The control subjects were also administered the same interviews both before the program and after the program had been completed by the experimental group. Control parents were also administered the six-month follow-up as well.

Table 1. Measurement Constructs, Parents

PARENTS	# ITEMS	MEASURES	# ITEMS CITE
Demographics and Family Situation	Section I; 1-16 & 1-3	Measures created for this study	
School Performance	Section II & III; 1-27	Measures adapted from the original SFP Instrument & Survey of Adolescent Problems and Strengths (SOAPS)	Kumpfer, Molgaard, & Spoth (1996) and Sulik & Lynam (1997)
Child problem behavior	Section IV; 1-90	Measures adapted from the Child Behavior Checklist	Achenbach & Edelbrock (1983)
Family and Friends	Section V; 1-5	Measures adapted from the original SFP Instrument	Kumpfer, Molgaard, & Spoth (1996)
Parenting	Section VI; 1-12	Measures adapted from the original SFP Instrument	Kumpfer, Molgaard, & Spoth (1996)
Child Drug Use	Section VII; 1-11	Measures adapted from the SFP Instrument & SOAPS	Kumpfer, Molgaard, & Spoth (1996) and Sulik & Lynam (1997)
Parent Self-Esteem	Section VIII; 1-11	Measures adapted from the SFP Instrument	Kumpfer, Molgaard, & Spoth (1996)
Neighborhood Situation	Section X; 1-6	Measures adapted from the Pittsburgh Youth Study	Loeber et al. (1998; 1999a; 1999b)
Drug Court and Law Officials	Section XII; 1-14	Measures adapted from the DARE Follow-up study	Sulik & Lynam (1997)

Table 1. Measurement Constructs, Children

CHILDREN			
Demographics and family situation	Section O; 1-11	Measures created for the study	
School Performance	Section II; 1-14 & 1-15	Measures adapted from the original SFP Instruments	Kumpfer, Molgaard, & Spoth (1996)
Friends	Section III; 1-22	Measures adapted from the original Strengthening Families Program	Kumpfer, Molgaard, & Spoth (1996)
Problem Behavior	Section III; 23-34	Measures adapted from the original Strengthening Families Program & Pittsburgh Youth Study	Kumpfer, Molgaard, & Spoth (1996) and Loeber et al. (1998; 1999a; 1999b)
Emotional Behavior	Section IV; 1-17	Measures adapted from the original SFP Instrument and SOAPS	Kumpfer, Molgaard, & Spoth (1996) and Sulik & Lynam (1997)
Child Depression	Section IV; 18-29	Measures adapted from SOAPS	Sulik & Lynam (1997)
Drug Use/Attitudes/Knowledge	Section V-VII	Measures adapted from the SFP instruments	Kumpfer, Molgaard, & Spoth (1996)
Family Interaction	Section VIII; 1-25	Measures adapted from the SFP instruments and created for this study	Kumpfer, Molgaard, & Spoth (1996)
Problem Approaches	Pretest Section IX 1-3 & 1-12	Measures adapted from the SFP instruments	Kumpfer, Molgaard, & Spoth (1996)
Peer Pressure	Section X; 1-10	Measures adapted from the Pittsburgh Youth Study	Loeber et al. (1998; 1999a; 1999b)
Drug Court and Law Officials	Section XI; 1-18	Measures adapted from the DARE Follow-up Survey	Sulik & Lynam (1997)

Procedure

The SFP intervention was implemented every six months across all three of the Drug Court program sites. For each of the families who participated in the SFP intervention, data was collected three times. The three data collection points were: baseline data collection, post-program data collection, and 6-month follow-up. The following paragraphs describe the specific procedure for each data collection point.

The Drug Court Judge and case specialists worked together with the Strengthening Families Program Coordinator and staff to recruit eligible clients. In order to be eligible for this program, Drug Court clients had to: (1) be in Phase II of the Drug Court program, and (2) have at least one child between the ages of 8-15. Once clients were determined to be eligible for the SFP, the Drug Court Judge mandated attendance and participation in all sessions as part of the client's obligations to Drug Court. If the client did not comply with the Judge's requirement and missed a session, then a client was given a sanction. Control subjects consisted of Drug Court clients with children between 8-15, who were in Phase III of the Drug Court program or who had graduated from the Drug Court program.

Baseline. Once eligibility was established, pretest interviews were scheduled with each participant. Interviews were conducted by researchers from the University of Kentucky's Center on Drug and Alcohol Research and SFP staff, Drug Court staff, or staff from the Bluegrass Prevention Program. Participants were interviewed individually and confidentially at each Drug Court site. Before each interview, the interviewer briefly overviewed the research being conducted and the material included in the interview. Parents, both control and experimental, were then asked to sign a consent form allowing for both themselves and their child/children to be interviewed. An extra copy of the consent form with contact information and involvement details was also given to the parent. Each child interviewed was required to sign an assent form before being interviewed. Parents with more than one child participating in the SFP and control parents with more than one eligible child were interviewed with separate supplements for each extra child.

Post Program. Immediately after the eight-week program was completed, interviews were again scheduled with all the participants and the control group (for the first cohort—subsequent program groups had no control groups). Post-test interviews had many of the same items as the pretest interviews. Subjects were, once again, interviewed individually and confidentially by researchers at the Drug Court SFP site. The posttest interviews follow the same procedure as the pretest interviews in that the participant was given a brief description of the research and the topics included in the interview. Parents and children signed another consent/assent form before the interview. Parents were also given another extra consent form with the contact information. Follow-up interviews were conducted by a researcher at the Center on Drug or Alcohol Research or Drug Court staff not involved in the SFP.

Six month follow-up. Follow-ups were administered to parents who participated in the SFP and parents in the control group six months after the post-program interview. Again, all of these interviews were conducted individually and confidentially at the Drug Court site. Six-month follow-up questions were consistent with questions asked in both the pretest and posttest interviews. Parents are interviewed about their family, child's behavior, personality, attitudes toward drugs, school bonding, as well as questions about their own personality and self-esteem. Interview procedures followed the same procedure as the baseline and post-program follow up. Research staff from The Center on Drug and Alcohol Research conducted all six-month follow-up interviews.

Analysis

Data analysis of all the data collected is presented below. Analysis of Variance (ANOVA) and chi-square analysis were used to examine the data. Because of the low number of parents and children that completed pretests and posttests, site comparisons were not be made.

Results

Data were analyzed with three main objectives: (1) to examine SFP baseline characteristics of parents and children by age group; (2) to examine differences between control and program parents and children (only significant differences that will be used as covariates will be reported here); and (3) to examine change over time of program and control parents and children.

Drop Out Rates

Overall, there was a total of 55 parents and children who completed the Strengthening Families Program, and a total of 30 who dropped out of the program. There was a 38% drop out rate for children, and a 39% drop out rate for parents. Table 2 below shows that both the children and parents who completed the program were similar to the children and parents who dropped out of the program. The majority of drop out was due to parent termination from the drug court program. There were also a number of parents who were not able to bring the child to the program either because the other parent would not allow the child to participate or because the children moved too far away to be able to participate.

Table 2. Program Drop Out Comparisons

	CHILDREN		PARENTS	
	Program (n=30)	Drop out (n=18)	Program (n=19)	Drop out (n=12)
Age	11	12	36	34
% White	67	50	53	58
% Female	60	67	42	75
% Drop out due to termination		44		50
% No show		22		8
% Access to child issues		28		33
% Job interference		6		8

*p<.05

Baseline Characteristics of Program Children Who Completed The Program

Overall, there were 9 children who completed the Fayette Drug Court Strengthening Families Program with both a pretest and posttest interview and 21 children from the Warren Drug Court (n=30 total). The average age was 11; the majority of the children were white, and 60% were female. Baseline descriptions of the children were broken into age groups. There were 12 children ranging in age from 7-10 years old, and 75% were female; there were 9 children who were 11-13 years old, and they were 56% female; and there were 9 children 14-16 years old, and they were 44% female.

Table 3. Baseline Child Demographics and Family Situation

	7-10 years old (n=12)	11-13 years old (n=9)	14-16 years old (n=9)	Total (n=30)
% White	67	67	44	60
% Father was the Drug Court client	58	78	44	60
% See Drug Court parent once or twice a week	33	11	22	23
% See Drug Court parent once a day	50	56	67	57
% See non-Drug Court parent once or twice a week	25	22	0	17
% See non-Drug Court parent once a day	50	78	44	57
% Live with biological mother	83	78	56	73

Table 3 shows parental contact broken down by age group. In 60% of the families, the father was the Drug Court program client. Eighty-three percent of the children saw their Drug Court parent at least weekly (50% daily), and 75% of the children saw their non-Drug Court parent at least weekly (57% daily). Over half the children in all three age groups lived with their biological mother, but only 50% of the youngest children, 33% of the middle age group children, and none of the oldest age group children lived with their biological father ($X^2(2) = 6.2, p < .05$).

Table 4. Family Interactions

Past Week	7-10 years old (n=12)	11-13 years old (n=9)	14-16 years old (n=9)	Total (n=30)
% Mom did not even say once she loved them	17	11	0	10
% Dad did not even say once he loved them	25	22	22	23
% Did not do anything special with mom	25	11	22	20
% Reported doing nothing special with dad	17	33	22	23
% Did not talk to mom about stuff they were interested in	50	22	11	30
% Did not talk to dad about stuff they were interested in	17	33	22	23
% Mom did not compliment them	17	22	22	20
% Dad did not compliment them	25	22	33	27
% Had trouble getting along with their parents	42	33	78*	50

*p<.05

Table 4 describes the involvement and interaction between the SFP parents and children across three age groups. More children in all three age groups reported that their father did not say “I love you” in the past week than the number of children who reported their mothers did not say “I love you” in the past week. Half of the children in the youngest age group children never talked with their mothers about things they were interested in, in the past week compared to 22% of the middle age group children and 11% of the oldest age group children. Even less of the children talked to their fathers about the things they were interested in. Half of the children reported having trouble getting along with their parents some or most of the time. Forty-two percent of the youngest age group children and 33% of the middle age group children had trouble getting along with their parents compared to most of the children (78%) in the oldest age group ($X^2(6)=14.4, p<.05$).

Table 5. Feelings

	7-10 years old (n=12)	11-13 years old (n=9)	14-16 years old (n=9)	Total (n=30)
% Feel angry at school most of the time or always	25	11	33	23
% Feel angry at home most of the time or always	17	44	11	23
% Hit someone or something when they are angry	17	0	22	13
% Feel sad most of the time or always	17	0	11	10
% Do not tell mother when they are sad	50	11	56	40
% Do not tell father when they are sad	67	44	56	57
% Do not tell mother when they are angry	42	22	56	40
% Do not tell father when they are angry	50	56	78	60
% Do not talk to anyone when they are angry or upset	25	22	44	30

Table 5 displays children's self-reported feelings by age group. Forty-four percent of the children in the middle age group feel angry at home most of the time or always compared to 17% of the youngest age group children and 11% of the oldest age group children that also feel this way. Almost 60% of the children never tell their fathers when they are feeling angry or sad, and 40% never tell their mothers when they are feeling angry or sad. Overall, 30% of the children reported they did not talk to anyone else when they are angry or upset about something. The depression scale found no significant differences among the three age groups.

Table 6. School Performance

	7-10 years old (n=12)	11-13 years old (n=9)	14-16 years old (n=9)	Total (n=30)
% Doing average or worse in school	33	67	78	57
% School is just o.k. or worse	58	56	78	63
% Do not really like teachers	50	44	44	47
% Classmates were not very friendly	17	11	22	17
% Get in trouble most of the time or always	8	11	11	10
% Asked for help with homework last week	50	78	11*	47
% Mother helped with homework last week	42	67	0*	37
% Mom usually or always helps with homework when asked	67	89	33	63
% Dad usually or always helps with homework when asked	75	56	11*	50
% Always finish their homework	42	78	22	47
% Involved in extracurricular activities	75	89	44	70
% DC Parent involvement in extracurricular activities is very little or not at all	42	56	33	43
% With a hobby	92	89	67	83
% DC Parent involvement in hobby is very little or not at all	58	11	56*	43
% Many or most of the kids in their class disliked them	25	11	22	20
% Somewhat or very difficult to make new friends	42	22	0	23
% Fought with other kids at school	25	22	33	27

*p<.05

Table 6 shows the school performance indicators by age group. Almost 80% of the middle age group and half of the youngest age group reported asking someone to help them with their homework in the preceding week ($X^2(2)=8.3$, $p<.05$). Sixty-seven percent of the middle age group children and 42% of the youngest age group reported their mothers helped them with their homework in the past week compared to none of the oldest age group ($X^2(2)=9.0$, $p<.05$). Seventy-five percent of the youngest age group children, 56% of the middle age group children, and 11% of the oldest age group children reported that their fathers helped them with homework most of the time or always when they asked them for help ($X^2(6)=12.8$, $p<.05$). Overall, 70% of the children reported being involved in extracurricular activities, but 43% reported their Drug Court parent is involved in their extracurricular activities very little or not at all. Eighty-three percent of the children reported they had at least one hobby, and 43% of them reported that their Drug Court parent was involved in their hobbies very little or not at all ($X^2(6)=13.0$, $p<.05$).

Table 7. Friends

Past 3 months	7-10 years old (n=12)	11-13 years old (n=9)	14-16 years old (n=9)	Total (n=30)
% Had 2 or more friends skip school	17	22	78**	37
% Had 2 or more friends damage or destroy property	8	11	44*	20
% Had 2 or more friends steal something worth more than \$100	17	0	11	10
% Had at least one or more friends attack someone with a weapon	8	44	11	20
% Had friends who smoked cigarettes	25	44	89	50
% Had friends who used alcohol	8	0	56*	20
% Had friends who used marijuana	0	11	67*	23
% Had friends who lied, defied, or talked back to an adult	58	78	78	70
% Had friends who took a motor vehicle for a ride without the owner's permission	0	11	44	17
% Had friends who bullied others to get something	8	22	11	13
% Had 2 or more friends who hit someone with the intent to hurt that person	17	44	67	40

* $p<.05$ ** $p<.01$

Table 7 shows descriptions of friends' problem behaviors in the past three months by age groups. Thirty-seven percent of the children had at least two friends who had skipped school one or more times in the preceding 3 months. Seventy-eight percent of the oldest age group children had two or more friends who had skipped school compared to only 17% of the youngest age group children and 22% of the middle age group children who had friends that skipped school ($X^2(10)=21.7$, $p<.05$). Forty-four percent of the oldest age group children had at least two friends who had damaged or destroyed someone else's property compared to only 8% of the youngest age group children and 11% of the middle age group children having reporting the same about their friends ($X^2(10)=18.6$, $p<.05$).

Fifty percent of the children had friends who smoked cigarettes, showing a gradual increase with age progression. Over half of the oldest age group children had friends who used alcohol ($X^2(10)=19.3$, $p<.05$) and marijuana ($X^2(10)=21.8$, $p<.05$) in the past three months. Children in both the youngest age group and the middle age group reported very little use of these substances among their friends when compared to the use of these substances by the friends of the children in the oldest age group. Increases in friends' problem behaviors as age progresses can be seen not only in the number of friends who take a motor vehicle without the owner's permission, but also in the number of friend's who hit someone with the intent to harm or hurt that person.

Table 8. Drug Use/ Attitudes/ Knowledge

	7-10 years old (n=12)	11-13 years old (n=9)	14-16 years old (n=9)	Total (n=30)
% Ever smoked cigarettes	17	78	67*	50
% Smoke cigarettes in the past 30 days	0	0	45	13
% Report definitely will not smoke when older	67	89	44	67
% Ever used alcohol	25	56	67	47
% Drank at least one full glass of alcohol	0	11	44*	17
% Used alcohol in the past 30 days	0	0	11	3
% Report definitely will not use alcohol when older	67	78	33	60
% Ever used marijuana	0	0	56**	17
% Used marijuana in the past 30 days	0	0	11	3
% Report they definitely will not use drugs when they are older	92	78	78	83

* $p<.05$ ** $p<.01$

Table 8 shows the children's drug use by age group. The middle age group reported the most cigarette use (78%) compared to 67% by the oldest age group children and only 17% of the youngest age group children ($X^2 (2)=9.1, p< .05$). Sixty-seven percent of the oldest age group children reported using alcohol compared to 56% of the middle age group children and 25% of the youngest age group children. Forty-four percent of the oldest age group children and 11% of the middle age group children reported drinking at least one full glass of alcohol ($X^2 (8)=18.1, p< .05$). The oldest age group children also reported the highest marijuana use with a total of 56% compared to none of the children in either the middle or youngest age group ($X^2 (2)=14.0, p< .05$).

The average age of first cigarette and first alcohol use was 8 years old, and there were no significant differences by age group. Only the oldest age group reported ever trying marijuana, and the average age of first use for that group was 13 years old.

Ninety-two percent of the youngest age group children stated they would definitely not use drugs when they get older compared to only 78% of the middle and oldest age group children.

The peer pressure resistance skill scale showed that there was a significant difference between the peer pressure resistance skills among the youngest age group (mean=2.3) children and the middle age group (mean=3.5) compared to the oldest age group children (mean=6.8, $F (2,26)=4.2, p< .05$). The lower score indicated the better peer pressure resistance skills, indicating that the youngest age group children showed the best peer pressure resistance skills, and the oldest age group had the poorest resistance skills against peer pressure.

Table 9. Problem Behavior

Past 3 Months	7-10 years old (n=12)	11-13 years old (n=9)	14-16 years old (n=9)	Total (n=30)
% Skipped school	8	11	11	10
% Lied or talked back to an adult	50	89	67*	67
% Damaged or destroyed property	8	22	0	10
% Hit someone with the intent to hurt them	33	33	67	43
% Attacked someone with a weapon	8	0	22	10
% Took a motor vehicle for a ride without the owner's permission	0	0	11	3
% Stole something worth less than \$5	25	11	22	20

* $p<.05$

Table 9 shows the problem behaviors of the SFP children divided into three age groups. Sixty-seven percent of the children overall reported they had lied or talked back to an adult on at least one occasion in the last three months; however, the middle and older age group children reported lying or talking back significantly more than the younger children ($X^2(12)=22.0, p<.05$). Thirty-three percent of the youngest and middle age group children, and 67% of the oldest age group children had hit someone with the intent to hurt that person at least one time in the past three months. One-fourth of the children in the youngest age group had stolen something that was worth less than five dollars in the last three months compared to 11% of the middle age group children and 22% of the oldest age group children.

There were also significant differences by age regarding attitudes toward judges and toward the police. A higher score on both scales indicates a more positive attitude. The oldest age group children had significantly less positive attitudes toward judges (mean=4.8) compared with younger kids (mean=6.4) and the middle age group children (mean=7.0, $F(2,27)=4.5, p<.05$). There was a similar trend for attitudes toward police officers with older children (mean=6.2) reporting less favorable attitudes toward police than the younger children (mean=8.9) and the middle age group of children (mean=9.0, $F(2,27)=7.9, p<.01$).

In summary, these children had reasonable contact with both their Drug Court parent and non-Drug Court parent. Most of these children lived with their mothers and their fathers are more often the Drug Court clients. The children showed an increase in problems getting along with their parents as their age progressed, with 78% of the oldest age group reporting trouble with their parents some or most of the time. One in three children reported not talking with anyone other than their parents when they were upset or angry and not all of these children were talking with their mothers or fathers either.

Friends' problem behaviors tended to increase as age increased, especially in the amount of friends who skipped school, destroyed property, smoked cigarettes, used marijuana, took a vehicle without the owner's permission, and hit someone with the intent to hurt that person. The children's problem behaviors increased as age progressed in regards to smoking cigarettes, using alcohol, using marijuana, skipping school, hitting someone with the intent to hurt that person, and taking a motor vehicle without the owner's permission. In fact, as suggested by the literature, the children in this program had similar or higher substance use rates than national estimates (Johnston, O'Malley, & Bachman, 1999a; 1999b). As Table 10 below shows, children in the oldest age group were more likely to have used cigarettes, alcohol, and marijuana in their lives. Thirty-day use was higher for cigarettes and was lower for alcohol and marijuana. The baseline data definitely suggest that the children of Drug Court clients are at risk for both substance use and delinquency, and it is critical to provide these children and families with substance abuse prevention and parenting skills.

Table 10. Substance Use Comparisons

	SFP CHILDREN (14-16)	NATIONAL ESTIMATES
Lifetime		
Cigarette	67%	51%
Alcohol	67%	61%
Marijuana	56%	32%
30-Day Use		
Cigarette	45%	23%
Alcohol	11%	31%
Marijuana	11%	14%

Parent Baseline Data

Overall, there were 7 parents who completed the Strengthening Families Program pretest and posttest interviews at the Fayette County Drug Court site, and 12 parents that completed the program at the Warren County Drug Court site (n=19 total). The average age overall was 36, 53% were white, and 42% were female. Ten of the parents had one child in the program; 8 parents had two children, and 1 parent had four children who participated in the program.

The following information pertains to the youngest child and the second to the youngest child who were in the Drug Court program. Both the youngest and the next to the youngest child were an average age of 11 years old (both ranged from 8 to 15 years old). Table 11 shows the majority of the parents reported seeing their children daily or at least once a week. Most Drug Court parents also reported the children saw the other parent at least once a week. Fifty-three percent reported their youngest children lived with them, and 56% indicated their next youngest children lived with them. Fifty-eight percent of the parents reported the youngest children and 67% of the parents reported the older children lived with their biological mother, and 37% of the youngest children and 44% of the older children lived with their biological father.

Table 11. Baseline Parent Demographics and Family Situation

	Youngest (n=19)	Next Youngest (n=9)
% See child everyday	53	56
% See child at least weekly	74	89
% See other parent daily	58	67
% See other parent at least weekly	84	89
% Child lives with biological mother	58	67
% Child lives with biological father	37	44
% Child lives with Drug Court parent	53	56
% Reported other parent was in the child's home or the local area	84	89

Table 12. Home Behavior and Discipline

	Youngest (n=19)	Next Youngest (n=9)
% Child has behavior problems at home	58	89
% Never had trouble getting along with their child	58	33
% Discipline often or almost always worked	58	55
% Child's behavior at home in the past month was quite well or very well	84	78
% Reported when they tried to get their child to stop doing something they did not like, it almost always worked	42	22
% Child has at least one chore	90	89
% Child finished chores most of the time or always	68	55

The majority of parents reported their children had at least a few behavior problems at home (58% and 89% respectively), and the majority of parents report no trouble getting along with their younger children at home. However, parents were more likely to report having trouble getting along with their older children. In addition, discipline practices were basically effective. About ninety percent of the parents assign chores to their children, and 68% of the parents reported for the youngest children and 55% of the parents reported for the older children that they finish their assigned chores most of the time if not always.

Table 13. Praise

In The Past Week	Youngest (n=19)	Next Youngest (n=9)
% Praised their child two times or less	37	22
% Talked once or not at all with their child about stuff they were interested in	32	11
% Reported doing something special with child only once or not at all	58	67

Table 13 shows the amount of praise parents reported giving their children in the past week. Thirty-seven percent of the parents praised their youngest child two times or less in the past seven days, and 32% reported talking with their youngest children one time or less, about things their children were interested in, in the past seven days. For the older children, parents reported talking to them about things they were interested in and praising them more often than the younger children. Over half of the parents, 58% and 67%, reported doing something special or going somewhere special with their children once or less in the past week.

Table 14. Activities and Involvement

	Youngest (n=19)	Next Youngest (n=9)
% Child involved in at least one extracurricular activity	68	44
% Reported they were involved very little or not at all in their child's extracurricular activity	42	100
% Reported their child was involved in at least one hobby	95	100
% Reported they were involved very little or not at all in their child's hobby	21	56
% Reported their child was left alone at home at least two hours a day	37	44

Table 14 shows parental involvement in their children's activities, both extracurricular activities and hobbies. The majority of the youngest children were involved in extracurricular activities such as band/choir, sports/dance, and/or clubs and also hobbies such as collecting coins, toys etc. Most of the parents were involved in their younger children's activities, with only 42% reporting they were involved very little or not at all in their youngest children's extracurricular activities, and 21% reporting they were involved very little or not at all in their younger children's hobby or hobbies. Parents reported less involvement in their older children's activities.

Table 15. Child's School Performance

	Youngest (n=19)	Next Youngest (n=9)
% Did not know the name of their child's teacher	74	89
% Child had at least one academic difficulty	53	67
% Child had behavior problems in school	63	67
% Child was doing average or below in school	69	56
% Child finished their homework most of the time or always	69	55
% Child maintained a "C" average or below	32	22
% Mother usually helped the child with homework	42	33
% Father usually helped the child with homework	26	11

Table 15 shows the children's school performance and behavior as reported by their parents. Seventy-four percent of the parents did not know the name of their younger children's teachers, and 89% of the parents did not know the name of their older children's teachers. A little over half of the parents reported their younger children, and 67% of the older children, had at least one academic difficulty in school. Almost 70% of parents reported that their younger children, and 56% of the parents reported the older children were doing average or worse in school. Forty-two percent of the parents reported the younger children's mothers usually helped them with their homework; and about a quarter reported the fathers usually helped the younger children with their homework. Mother and father helped the older children with homework less than the younger children.

Table 16. Child's Problem Behaviors

In the last 3 months	Youngest (n=19)	Next Youngest (n=9)
% Child had received an in-school suspension	11	11
% Child had received an out-of-school suspension	5	0
% Child had been sent to the principal's office	16	22
% Child had bullied another child	48	44
% Child had done dangerous things for the fun of it	26	11
% Child had initiated physical fights	42	22
% Child had engaged in physically dangerous activities	53	55
% Child had teased and picked on others	21	11
% Child had a quick temper	37	56
% Child smoked cigarettes in the past month	5	22

Table 16 shows the children's problem behaviors as reported by their parents in the preceding three months. Over half of all the parents reported their children have engaged in activities that are physically dangerous (53% and 55%). Forty-eight percent of the parents reported that their younger child, and 44% of the older children had bullied another child on at least one occasion. Further, 42% of the parents reported their youngest child had initiated a physical fight on at least one occasion. Very few of the parents reported their children received any type of school suspension or had been sent to the principal's office in the last three months. Also, less than a quarter of the parents reported their children had done dangerous things for the fun of it, their children had teased or picked on others, or reported that their children had smoked cigarettes in the past month.

Parents were asked how many days in the past month their children used substances including cigarettes, smokeless tobacco, alcohol, marijuana, solvents, pep pills, painkillers, cocaine, Ritalin for hyperactivity, and codeine cough syrups. Only one parent knew his or her younger child had smoked cigarettes in the past month. There were no other reports of the youngest children using drugs of any kind. Parents did report, however, more substance use for the older children. Twenty-two percent reported their older children had smoked cigarettes; 11% of the parents reported their older children drank alcohol; and 11% reported their older children used pep pills in the preceding month.

Table 17. Neighborhood Situation

	Total (n=19)
% Drug dealing in the open is a problem in their neighborhood	26
% Delinquent gangs are a problem in their neighborhood	16
% Homelessness is a problem in their neighborhood	21
% Peddling of stolen goods is a problem in their neighborhood	21
% Unemployment is a problem in their neighborhood	16
% Vandalism is a problem in their neighborhood	32

Table 17 shows neighborhood problem as reported by the Drug Court parents. The biggest neighborhood problem for these families was vandalism, which affected about 1 in 3 families. Drug dealing in the neighborhood, homelessness, and peddling of stolen goods all affected about a quarter of the families.

In summary, Drug Court parents are dealing with a number of issues including recovery and their criminal justice/legal problems. The majority of the parents indicated they did not know their children's teachers' names and that their children were having difficulty in school. Parents did indicate they got along well with their children and that their discipline techniques did work for them. The next section focuses on control and program children and parent differences at baseline.

Baseline Differences between Program Children and Parents & Control Children and Parents

Overall, there were 8 control children, 2 at the Fayette County Drug Court site and 6 at the Warren County Drug Court site. The average age was 11, and the children were 50% female. The mother was the Drug Court client in 63% of the sample. There were no significant differences between control and program children on age, race, drug use variables, family variables, depression, peer pressure resistance skills, attitudes toward police, attitudes toward judges, or other problem behavior variables.

There were a total of 8 control parents, 3 parents from the Fayette County Drug Court site and 5 from the Warren County Drug Court site. The average age of the control parents was 34 years, and 57% of the parents were female. There were no significant differences among control and program parents for age, race, gender, family variables, report of child school performance, child problem behaviors at home, child problem behaviors, depression, attitudes toward police, or attitudes toward judges.

Table 18 below shows differences among the control group children and parents who completed both the baseline and follow-up measures and those who only completed the baseline measures. In general, there were few differences among those who completed the baseline measures and those who did not.

Table 18. Control Drop Out Comparisons

	CHILDREN		PARENTS	
	Control (n=8)	Drop out (n=2)	Control (n=8)	Drop out (n=5)
Age	11	12	34	42
% White	50	100	50	60
% Female	50	100	57	40
% Drop out due to termination		50		40
% No show		0		60
% Access to child issues		50		0
% Job interference		0		0

*p<.05

Pre/Post Differences between Program and Control Children

There were only a few significant differences among program and control children from baseline to follow up. As you can see from Table 19 below, which shows the adjusted means, the program did seem to increase positive interaction with parents; although the means were not significant, they were in the general direction. Program children were less likely to have skipped school in the preceding three months at follow-up ($F(1,33)=6.3$, $p<.10$) and were more likely to report talking with their dads about stuff they were interested in at follow up ($F(1,24)=2.0$, $p<.20$) than control children. In addition, program children reported they were sad less often than control children ($F(1,34)=3.6$, $p<.10$) and were less likely to report they would drink alcohol when they got older than control children ($F(1,32)=2.9$, $p<.10$). Program children were, however, slightly more likely to report fighting with other children at follow-up, than control children ($F(1,34)=2.8$, $p<.10$).

Table 19. Significant Pre/Post Differences for Children

	PROGRAM (N=30)	CONTROL (N=8)
# Times skipped school	0	.73***
# Times talked to dad about stuff they were interested in	2.1	.62*
# Times mom helped with homework	3.8	3.2
# Times dad helped with homework	3.4	2.6
# Times mom said something positive	3.2	1.4
# Times dad said something positive	3.3	3.3
Get sad often	2.3	1.7**
Fight with other kids	.77	0**
Will not drink alcohol when older	.5	1.2**

* $p<.05$ ** $p<.10$ *** $p<.20$

Pre/Post Differences between Program and Control Parents

There were very few significant differences among program and control parents from baseline to follow up. As you can see from Table 20, the adjusted means indicate that parents in the program reported talking to their children about their interests more often than control parents ($F(1,34)=2.2$ $p<.20$). Program parents also reported their children drank alcohol less than control parents reported ($F(1,36)=3.0$, $p<.10$). Program parents were also, however, to report having trouble getting along with their children more often at follow up, than control parents ($F(1,37)=7.5$, $p<.01$).

Table 20. Significant Pre/Post Differences for Parents

	PROGRAM (N=30)	CONTROL (N=8)
How often do you have trouble getting along with child	1.2 (Once or twice a day)	2.4 (once or twice a week)*
Talk about stuff child is interested in	3.4 times	2.2 times***
Child drank alcohol past 30 days	0 times	.37 times**

* $p<.05$ ** $p<.10$ *** $p<.20$

Six Month Follow-up Perceptions of SFP

Follow-up interviews were conducted with program parents and children approximately six months after completion of the Strengthening Families Program. A total of 7 program parent follow-up interviews and 11 program child follow-up interviews were conducted. Follow-up interviews were also conducted with 7 control parents and 7 control children. There were no significant differences at the 6-month follow up for problem behavior or substance use on either child or parent reports.

However, qualitative perceptions of the program indicated positive changes six months after graduation. When asked what the best things were about the Strengthening Families Program, most of the children reported their favorite parts of the program were playing games and doing family activities because they got to interact with their family members and others. The children also mentioned that during the program, they made new friends with the other children in the program. Several of the program children stated that they liked the SFP because it really helped their Drug Court parent and their family. The program helped the children and the parents to understand why they should not drink alcohol, smoke cigarettes and take drugs take drugs.

The children reported that the program taught them not to do drugs and how to say no to drugs and peer pressure. They also learned many family values and life lessons as well. The children reported that they learned to respect their parents, to be nice to others, and to be a leader and not a follower. The children stated that they learned better ways to deal with stress and their emotions and also how to think about potential consequences before they act or behave in a certain manner.

The program parents thought the best thing about the SFP was becoming closer to their child/children by participating in the family activities such as games, family projects, and the family day outing. Many parents mentioned that the staff of the SFP was very understanding and supportive. Program parents also said they enjoyed meeting the other families who were in similar situations and bonding with them throughout the program.

When asked what they learned in the SFP, parents reported that they learned better ways to communicate with their children effectively and different ways to discipline their child/children. Parents stated the new ways of discipline let them set limits but show love for their children at the same time so that their discipline is more effective. Many parents reported that they learned a reward system that has proven to be very effective in their homes. By using a reward system, the parents stated that it is much easier to get the children to do their chores and to do the right thing. Parents stated that they learned not only that their children must show them respect, but that they must show respect for their children and acknowledge their opinions and feelings. They also learned that as parents, they must not always yell at or criticize their child/children and to have a positive attitude when making decisions.

Families reported that the best thing about the Strengthening Families Program was that the program involved the entire family. The family activities provided lots of interaction between the parents and their children and the opportunity to spend quality time together. The parents and children got to know each other better; and in doing so, grew closer as a family. Families realized how important it is to spend time together and how much fun it can be as well. Families also mentioned that they enjoyed meeting with the other families and bonding with them. The families' similar backgrounds and situations made it easier to talk and relate to one another. Many of the SFP families thought the program was very informative and the staff very supportive. Several parents reported that their families are still using the reward and penalty systems they were taught in the program.

Summary of Results and Limitations

In summary, the qualitative results of the program were very positive, indicating that both parents and children who completed the program learned communication skills, peer pressure resistance skills, and family relations skills. In addition, the children indicated that learning about substance use was important and helpful to them. Positive views of the program held over time for the families that participated in the 6-month follow up as well.

Results of the data analysis showed some evidence of trends toward improved family functioning, skipping school, and intentions not to drink when the children get older for program children compared to control children. There were similar results for parents who graduated from the program compared to control parents—with evidence toward improved family functioning and interaction and for child alcohol use.

However, overall significant differences were minimal. There were several major contributing factors to the lack of significant results that are more related to the characteristics of the evaluation of the program than the program itself. First, implementation of the Strengthening Families Program was intended for three Drug Court sites across the state of Kentucky. The three sites included Jefferson, Fayette, and Warren County Drug Court programs. However, not only was the program not implemented at all in one site, there were fewer program and control participants than originally anticipated. This may affect the significance of the results in that there was a small number of participants in each group limiting statistical power (Lipsey, 1990). Limiting the statistical power can increase Type II error (Cook & Campbell, 1979). Type II error occurs when there are true differences between the groups, but significance cannot be determined due to low power. Low power occurs when sample sizes are small.

In addition to the small number of participants who were eligible and able to participate, there was approximately a 40% dropout rate. This drop out rate parallels the drop out rates for the Drug Court program in general (Logan, Leukefeld, & Williams, 1999a; 1999b; 2000). In addition, providing payment to both program and control group participants may have increased the post and follow up rates for participants with regard to the measures.

Finally, it is possible that the parents and children underreported drug use, problem behavior, and family functioning due to fear of punishment from the criminal justice system and/or from the parents for the children. This would cause minimal variance from baseline to follow up regardless of whether there actually was change or not.

Recommendations

The research literature, the needs assessment, the process evaluation, and the baseline data all indicate that children of Drug Court clients are in need of substance abuse prevention and that Drug Court program families need strong science based programs to help them to provide more stable and effective homes for the children. Further, although the significant results were minimal, the qualitative information was positive, and there were some trends toward significance, indicating positive results for the quantitative data. These preliminary data suggest that it is important to continue to provide services to these high risk children. The following are some recommendations to improve program implementation and evaluation in the future:

1. The first recommendation is related to family recruitment. Spending time with each prospective family including the custodial parent and step-parent to personally answer any questions and concerns they have may render them more amenable to allowing their child to participate in the program. This may include home visits and visits to the other parents and step-parents that may be involved.
2. Expanding out to include families who are not involved in the Drug Court program (e.g., targeting parents on probation) may help facilitate both participation rates as well as to facilitate more accurate reporting. If Drug Court families were not completely spotlighted, they may not feel as much pressure to report their families in a positive light.
3. Hire staff that are completely disassociated with the Drug Court program in order to facilitate more accurate reporting of behaviors. It is possible that Drug Court parents and children underreported behaviors given the overlap of Drug Court program staff and Strengthening Families Program staff.
4. It would be important to have funding to allow for a completely separate agency evaluation. This funding would allow for interviewers who were not associated in any way with the Drug Court program or the Strengthening Families Program. In addition, providing compensation for baseline and follow-up interviews would ensure a better follow-up and participation rate in the measures for both the program families and the control families.

Conclusions

In summary, children of Drug Court clients are in need of substance abuse prevention interventions as indicated by research literature, as well as with results of the baseline measures in this study.

The Drug Court client's children have reasonable contact with both their Drug Court parent and non-Drug Court parent. Baseline data indicate that these children do have problem behavior and have similar or higher substance use than national rates. In addition, there were indications that the children did not express their emotions. Baseline data from parents indicated they also had some issues with their children in relating, as well as with problem behavior and school performance.

The research literature, the needs assessment, the process evaluation, and the baseline data all indicate that children of Drug Court clients are in need of substance abuse prevention and that Drug Court program families need strong science-based programs to help them to provide more stable and effective homes for the children. Further, the qualitative information was positive, and there were some trends toward significance, indicating positive results for the quantitative data.

There were several limitations to this study including the small number of participants and high rates of attrition in the control and experimental groups, as well as the possible underreporting of problem behaviors on both the part of the parents as well as the children.

Several recommendations were offered, including increasing family recruitment efforts, hiring staff that are independent of the Drug Court program, and increasing funding for the evaluation efforts.

In conclusion, the program met a significant need for some of the most high-risk children in the State of Kentucky. The children of Drug Court clients are at double risk—not only have their parents been substance abusers, they are also involved in the criminal justice system. The Kentucky Drug Court Strengthening Families Program provided an opportunity to make a real difference with regard to preventing substance abuse for a substantial number of critically at-risk adolescents and pre-adolescents.

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